

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER BECKY REST HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BUSH CREEK ROAD FLETCHER, NC 28732
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 4-4-2018. Records indicate this facility was first licensed on 8-1-1982. The facility is currently licensed for 15 residents. Based on this information we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the current Rules for Adult Care Homes of Seven or More Beds and the 1978 NC State Building Code.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: a. There was a med cart stored in the corridor reducing the clear width to about 3.5 feet. b. There was a fan stored in the corridor reducing the clear width to about 4.75 feet. c. There were 6 bags stored in the corridor reducing the clear width to about 3.5 feet. d. There was a vacuum cleaner stored in the corridor reducing the clear width to about 4.5 feet.	C 150		4/5/18
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Becky A McIntosh
STATE FORM 8800 W7B121 TITLE *Adm* (X6) DATE *5-1-18*
If continuation sheet 1 of 3

Division of Health Service Regulation

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C 166	Continued From page 1 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Two portable medical oxygen cylinders were stored in no rack or container in the "bedpan room." 2. Based on observation, there was no documentation, since March of 2017, of the required monthly inspections for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 3. Based on observation, the fire extinguishers were last inspected by a vendor in March of 2017. Fire extinguishers must be inspected annually by an professional vendor.	C 166		4/10/18
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		4/9/18

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C 189	<p>Continued From page 2</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the required one-hour fire rated ceiling was compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Finding includes: Hole in the ceiling of the laundry by a 2 inch PVC pipe.</p>	C 189		4/5/18

BUILDING #1 HAL011002

C150 Corridors - Free of equipment and obstructions

Section .0300 - Physical Plant

10A NCAC 13F.0305 - Physical Environment

(g) The requirements for corridors are:

(4) Corridors shall be free of equipment and all other obstructions

All equipment and other items will be kept out of corridors when not in use. Med carts are pushed into "free space" when not being actively used. Fans used to dry hallways will be turned off as soon as floors are dry and stored out of the corridors. The vacuum cleaner will be taken out of storage, used and immediately returned to its designated storage area. Bags of clothing and resident laundry will be taken to the laundry room immediately and will not be left in the corridor.

C166 Housekeeping - Maintained free of hazards

Section .0300 - Physical Plant

10A NCAC 13F .0306 Housekeeping and Furnishings

(a) Adult Care homes shall:

(5) be maintained in an uncluttered, clean, orderly manner, free of all obstructions and hazards:

All portable O2 cylinders were placed in racks and vendor was called for pickup.

Fire extinguishers were inspected and tested on April 11th, 2018, and tags were all punched indicating this inspection. Maintenance/QA will check and initial these tags monthly.

C189 Building Equipment Maintained Safe, Operating

Section .0300 - Physical Plant

10A NCAC 13F .0311 Other requirements:

(a) The building and all fire safety, electrical, mechanical and plumbing equipment in an adult care home shall be maintained in a safe and operating condition

(k) This rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

Hole in ceiling of Laundry Room by 2 inch PVC pipe was filled as required using fireproof caulking on April 4th, 2018.

All above corrections are currently in place - 5/1/18